

**CALIFORNIA ARCHITECTS BOARD**

400 R STREET, SUITE 4000, SACRAMENTO, CALIFORNIA 95814-6238

Telephone: (916) 445-3393

Fax: (916) 445-8524

E-mail: cab@dca.ca.govWeb: cab.ca.gov**TO THE EMPLOYER:**

Please complete the employment information on the reverse side of this form verifying the applicant's employment under your direct supervision. If additional space is needed, please use another Employment Verification Form or a photocopy of a blank Employment Verification Form.

Signature must be provided by the “Responsible Managing Officer” for California general building contractor corporations.

The Board requires that all Employment Verification Forms submitted for an applicant contain the original signature of the employer. Copies, rubber stamps, or other reproductions of the signature will not be accepted. In addition, forms containing strikeouts or corrections will not be accepted.

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EMPLOYMENT VERIFICATION FORM

APPLICANT MUST COMPLETE SECTIONS I ONLY

TYPE OR PRINT CLEARLY IN INK

I. Applicant is required to complete section I of this form prior to sending it to the employer. Please remember that making or giving any false information in connection with an application for examination and/or licensure may be grounds for denial, suspension, or revocation of a license to practice architecture.

Name _____ ID # _____
Last First Middle (If known)

Known By Any Other Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____ Country _____

Work Phone (____) _____ Home Phone (____) _____

☐ CHECK BOX IF ABOVE IS A CHANGE OF ADDRESS

Filing Status - Please Check Appropriate Category Only

☐ WRITTEN EXAM ☐ ORAL EXAM ☐ RECIPROCITY ☐ LICENSURE

SECTION II TO BE COMPLETED BY EMPLOYER AND/OR SUPERVISOR ONLY
FORMS CONTAINING STRIKEOUTS OR CORRECTIONS WILL NOT BE ACCEPTED

II. This will certify that to the best of my knowledge and as indicated in the records of this office, the above-named person worked under my direct supervision performing architectural duties for the following time period.

Month/Day/Year Month/Day/Year
From _____ To _____ Full-Time ☐ Part-Time ☐ Hours/Week _____

From _____ To _____ Full-Time ☐ Part-Time ☐ Hours/Week _____

Name of Firm _____ Work Phone (____) _____

Address _____

City _____ State _____ Zip _____ Country _____

During the time period shown above, my professional status was as follows:

Name _____
Last First Middle

Licensed as _____ State of Registration _____
(architect, civil or structural engineer, landscape architect, California general building contractor *)

Individual License # _____ Original Date Issued _____ Date Expires _____

If applicant performed work in a state other than the one listed above, provide employment period for that project and the following information for that state.

From _____ To _____ Full-Time ☐ Part-Time ☐ Hours/Week _____

Licensed as _____ State of Registration _____
(architect, civil or structural engineer, landscape architect, California general building contractor *)

Individual License # _____ Original Date Issued _____ Date Expires _____

I certify under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Original Signature _____ Current Date _____
(Please do not sign in black ink)

Print Name _____